

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED
FEC MAIL CENTER
2015 SEP 24 AM 11:23
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

DRAFT BRIAN SCHWEITZER

ADDRESS (number and street)

593 WOLCOTT RD



Check if different than previously reported. (ACC)

WOLCOTT

CT

06716

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C00566141

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

02 / 01 / 2015

through

M M / D D / Y Y Y Y

06 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Andrew Fredericksen

Signature of Treasurer

Andrew Fredericksen

Date

M M / D D / Y Y Y Y

06 / 30 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

Draft Brian Schweitzer

Report Covering the Period: From:

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

COLUMN A

This Period

COLUMN B

Election Cycle-to-Date

6. Net Contributions (other than loans)

(a) Total Contributions
(other than loans) (from Line 11(e))

0.00

102.62

(b) Total Contribution Refunds
(from Line 20(d))

0.00

0.00

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))

0.00

102.62

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

0.00

31.39

(b) Total Offsets to Operating
Expenditures (from Line 14)

0.00

0.00

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a))

0.00

31.39

8. Cash on Hand at Close of
Reporting Period (from Line 27)

0.00

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

0.00

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)

0.00

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Drift Brian Schweitzer

Report Covering the Period:

From:

MM / DD / YYYY
02 / 01 / 2015

To:

MM / DD / YYYY
06 / 30 / 2015

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A)

(ii) Unitemized

(iii) TOTAL of contributions
from individuals ▶

(b) Political Party Committees

(c) Other Political Committees
(such as PACs)

(d) The Candidate

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

13. LOANS:

(a) Made or Guaranteed by the
Candidate

(b) All Other Loans

(c) TOTAL LOANS
(add Lines 13(a) and (b))

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)

15. OTHER RECEIPTS
(Dividends, Interest, etc.)

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)

02 / 01 / 2015

02 / 01 / 2015

02 / 01 / 2015

02 / 01 / 2015

02 / 01 / 2015

02 / 01 / 2015

02 / 01 / 2015

02 / 01 / 2015

02 / 01 / 2015

02 / 01 / 2015

02 / 01 / 2015

02 / 01 / 2015

02 / 01 / 2015

02 / 01 / 2015

02 / 01 / 2015

02 / 01 / 2015

02 / 01 / 2015

02 / 01 / 2015

06 / 30 / 2015

06 / 30 / 2015

06 / 30 / 2015

06 / 30 / 2015

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06 / 30 / 2015

06 / 30 / 2015

06 / 30 / 2015

06 / 30 / 2015

06 / 30 / 2015

06 / 30 / 2015

DETAILED SUMMARY PAGE of Disbursements

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Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed
by the Candidate.....

(b) Of All Other Loans

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACs)

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

21. OTHER DISBURSEMENTS

22. **TOTAL DISBURSEMENTS**
(add Lines 17, 18, 19(c), 20(d), and 21) ▶

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

25. SUBTOTAL (add Line 23 and Line 24).....

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25).....

71.23

0.00

71.23

0.00

71.23

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF	
(check only one)					
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d		
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Draft Brian Schweitzer

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Draft Brian Schuster

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF

FOR LINE NUMBER:
(check only one)

☐ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Draft Brian Schweitzer

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

☐ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

MM / DD / YYYY

Date Due

MM / DD / YYYY

Interest Rate

_____ % (apr)

Secured:

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full) <div style="font-size: 1.5em; font-family: cursive;">Draft Brian Schweitzer</div>		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px;">C</div>			
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Interest Rate (APR) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> %	
Mailing Address		Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>		Date Due <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	
City State Zip Code					
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>					
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Total Outstanding Balance: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____					
What is the value of this collateral? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes					
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____					
What is the estimated value? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>					
Location of account: _____					
Address: _____					
City, State, Zip: _____					
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.					
G. COMMITTEE TREASURER Typed Name _____ Signature _____					
DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>					
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.					
AUTHORIZED REPRESENTATIVE Typed Name _____ Signature _____				DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	
Title _____					

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE OF

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)

Draft Brian Schweitzer

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)

2) TOTALS This Period (last page this line number only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full)		Report Covering Period:				
<i>Draft Brian Schweitzer</i>		From:		To:		
		<div> <div>MM</div> <div>DD</div> <div>YY</div> </div>		<div> <div>MM</div> <div>DD</div> <div>YY</div> </div>		
Committee Name		(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees		(b) Line No. 11(b) Total Contributions From Political Party Committees		
A						
B	Column Total Last Page Only.....					
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A						
B						
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A						
B						
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A						
B						
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A						
B						
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A						
B						

PRESS FIRMLY TO SEAL

**PRIORITY
★ MAIL ★
EXPRESS**

OUR FASTEST SERVICE IN THE U.S.

RECEIVED
FEC MAIL CENT
2015 SEP 24 AM 11:30

PRESS FIRMLY TO SEAL

1007

20463



SEP 23, 15
AMOUNT

\$19.99
R2304E106718-09

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE (203) 204 7427

Dan Brian Schweitzer

593 Wolcott Rd

Wolcott, CT 06716

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

☐ SIGNATURE REQUIRED: Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature, OR 2) Purchases additional insurance, OR 3) Purchases COD service, OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

☐ No Saturday Delivery (delivered next business day)
☐ Sunday/Holiday Delivery Required (additional fee, where available)
☐ 10:30 AM Delivery Required (additional fee, where available)
*Refer to USPS.com® or local Post Office® for availability.

TO: (PLEASE PRINT)

PHONE ()

FEC
499 E Street, NW
Washington, DC

ZIP + 4® (U.S. ADDRESSES ONLY)

20493

■ For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
■ \$100.00 Insurance Included.

WHEN USED INTERNATIONALLY,
A CUSTOMS DECLARATION
LABEL MAY BE REQUIRED.



EP13F July 2013 OD: 12.5 x 9.5



EK976061653US

INTERNATIONAL USE



**PRIORITY
★ MAIL ★
EXPRESS™**

ORIGIN (POSTAL SERVICE USE ONLY)		DELIVERY (POSTAL SERVICE USE ONLY)	
PO ZIP Code	Scheduled Delivery Date (MM/DD/YYYY)	Delivery Attempt (MM/DD/YYYY)	Delivery Signature
0617	9/24/15	1104	
Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time	Time	Employee Signature
9/23/15	10:30 AM		
Time Accepted	10:30 AM Delivery Fee	Time	Employee Signature
1104			
Weight	Flat Rate	Time	Employee Signature
3 lbs.			
Postage	Insurance Fee	Return Receipt Fee	Live Animal Transportation Fee
\$ 19.99	\$	\$	\$
COD Fee	Insurance Fee	Return Receipt Fee	Live Animal Transportation Fee
\$	\$	\$	\$
Total Postage & Fees	\$ 19.99		

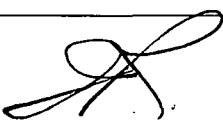
3-ADDRESSEE COPY

PSN 7690-02-000-9998

LABEL 11-8, JANUARY 2014

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 09-23
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked



PREPARER

(3/2015)

09-24
DATE PREPARED

NOT FOR FILING IN DOCUMENT